

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Health Facility Administrator Renewal

Your Health Facility Administrator license in the state of Indiana expires on 8/31/2016. Renew online at www.pla.in.gov or send this form with the renewal fee of \$100 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after 8/31/2016 you must include a \$50 late fee. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date 8/31/2016	Renewal Fee \$100
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?			YES NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
4. Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Health Facility Administrator or as another health care professional?			YES NO
5. If you wish to renew as inactive, please select yes. If you wish your license to remain in active status, please select no. You must renew to inactive status if you have not completed your required CE hours or not renew at all. You cannot work with an inactive license.			YES NO
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for active renewal, understand the Indiana Board of Health Facility Administrators statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Continuing Education: You must obtain at least forty (40) hours of continuing education during each two (2) year licensing period. If you are not currently or previously licensed in another state, you will not be required to complete the continuing education requirements for the two (2) year licensing period in which your license is issued.

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Board of Health Facility Administrators please email pla10@pla.in.gov or call 317-234-3022.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date